

Holiday - Non-Law Enforcement Non-Exempt Employee Who Was Required to Work 4 hours on the Holiday

MOHAVE COUNTY BI-WEEKLY EMPLOYEE TIME

EMPLOYEE Doe James M. EMPLOYEE NUMBER 7895 PERIOD ENDING 1-31-09

(LAST) (FIRST) (M.I.)

DEPARTMENT NAME	DATE	Jan 18	Jan 19	Jan 20	Jan 21	Jan 22	Jan 23	Jan 24	1ST WEEK TOTAL HOURS	Jan 25	Jan 26	Jan 27	Jan 28	Jan 29	Jan 30	Jan 31	2ND WEEK TOTAL HOURS	PAY PERIOD TOTAL HOURS	
	DAY	SAT	SUN	MON	TUE	WED	THU	FRI		SAT	SUN	MON	TUE	WED	THU	FRI			
100-3500				4	8	8	8	8	36			8	8	8	8	8	40	76	
ACTUAL HOURS WORKED																			
HOLIDAY ADDED TO VACATION		4																	
REGULAR HRS																			
OVERTIME HRS																			
COMPENSATORY HRS WORKED																			
X 1.5 =																			
COMPENSATORY HOURS ACCRUED THIS PERIOD																			
HOLIDAY LEAVE				4														4	
PAID TIME OFF																			
APPROVED EXT. ILLNESS BANK (EIB)																			
COMPENSATORY TIME USED																			
BEREAVEMENT LEAVE																			
OTHER LEAVE (SPECIFY)																			
1ST WEEK								40										80	
2ND WEEK																			

I CERTIFY THAT THE TIME REPORTED ABOVE ACCURATELY REFLECTS ACTUAL HOURS WORKED, AND RECOGNIZE THAT FAILURE ON MY PART TO ACCURATELY REPORT ALL HOURS MAY RESULT IN DISCIPLINARY ACTION.

James Doe (SIGNATURE)

PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN ABOVE WAS AS FOLLOWS (at least one must be applicable):

1. ☐ NO PERSONAL USE 2. ☐ EXEMPT VEHICLE USED ONLY

3. ☐ ONE WAY COMMUTES RATE @ \$1.50

4. ☐ COMMUTING MILES @ 0.585 CENTS/MILE =

I CERTIFY THAT THE HOURS WORKED REFLECTED HEREON REPRESENT, TO THE BEST OF MY KNOWLEDGE, THE ACTUAL NECESSARY SERVICES PERFORMED BY THE EMPLOYEE.

MARK BOSS (SIGNATURE)

I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS COMPENSATORY LEAVE TIME.

Excess Hours _____ Comp. Hours Accrued: _____ (excess hours x1.5)

I understand that I cannot accrue more than a total of 60 hours of Compensatory Leave and that I must use Compensatory Leave time before taking PTO leave.

Employee Signature _____ Date _____

Supervisor's Approval _____ Date _____

This employee will receive:

76 hours regular rate of pay; 4 hours regular holiday pay and 4 hours holiday added to PTO